

REPORT OF EMPLOYMENT

Division of Personnel Administration

Form 555-300M 6/82-160297

ORIGINATOR (DEPT. DIVISION, BUREAU)		PAYROLL NO.	DATE PREPARED
DPH - Division of Human Resources Center for Laboratories and Communicable Disease		294 1730	/Z 3/1/90

To: The Personnel Administrator I certify there are sufficient funds available and unencumbered for this position under the appropriation number shown.
I hereby notify you of the following action. If approval is required, I request such approval.

Collective Bargaining Unit 09
Managerial _____
Confidential _____
Unassigned _____

NEW EMPL.	LAST NAME	FIRST	INITIAL	NO.	STREET	CITY OR TOWN	STATE	ZIP	
/L 1	/Z Briggs, Elisabeth	L.	/3						
SOCIAL SECURITY NO.	APPROPRIATION NO.	POSITION NO.	TYPE OF ACTION	INTERMITTENT	PART TIME	EFFECTIVE DATE	REQUIS OR REFER NO.	SEQ. NO.	PAYROLL TITLE CODE
/A	/B		/80 T	/E	/F	/G 03/11/90	/H	/J	/K 18-Y19
STEP	SALARY RATE AMOUNT	CODE	VET-MAR STATUS	TOUR OF DUTY	AUTHORIZED-TO-DATE	RACIAL/ETHNIC ID	BIRTHDAY	DATE OF NEXT STEP	LAST DATE ON PAYROLL
/L 01	/M 512.54	/O 2	/Q	/R	/U 2	/V		/W 03/10/91	/X
CIVIL SERVICE ONLY						NON-CIVIL SERVICE			
/Y X	< Enter "X" if action is a Provisional Appointment of a Non-Veteran, and complete the Ch. 31, S. 26 certification below.			Note: Form 15A must be attached in case of Provisional Promotion. Form 40 must be attached in case of Provisional Appointment.			Enter "X" if position is not subject to Civil Service.		
PAYROLL TITLE OF POSITION				PERM. OR TEMP.	POSITION LOCATION NAME				TYPE OF SERVICE CODE
CHEMIST I				T	CLCDC - 4516-1011				

REMARKS:

NEW POSITION

PERSONS APPOINTED OR PROMOTED FROM A CIVIL SERVICE ELIGIBLE LIST MUST READ AND SIGN THE FOLLOWING CERTIFICATE:

I hereby accept employment with the understanding that, under Civil Service Laws and Rules, permanent appointments are subject to a probationary period of six months (except twelve months for MDC and Capitol Police). The probationary period does not apply to promotion.

I hereby certify that I have been notified that the action described below is to take place.

ACTION TO BE TAKEN	SIGNATURE OF APPOINTEE	DATE SIGNED
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STATEMENT OF APPOINTING AUTHORITY: Reasons justifying request for transfer or reinstatement. Reason for emergency. Reason for leave of absence (if for illness, state if it has been evidenced by a doctor's certificate).

PROVISIONAL APPOINTMENT OF A NON-VETERAN. (Chapter 31; Section 26) I hereby certify that (1) I have asked the Personnel Administrator to furnish a list of all Veterans who have filed applications for the kind of work/title called for by this provisional appointment; (2) I have notified by mail each of said Veterans named by the Personnel Administrator; and (3) I could not find a qualified Veteran willing to accept the position.

Signature of officer authorized
by law to make appointments:

Date:

DIVISION OF PERSONNEL ADMINISTRATION		COMPTROLLER'S PAYROLL UNIT STAMP	
Approved by:	Date		